## Case 17-33839 Doc 1 Filed 11/12/17 Entered 11/12/17 19:43:12 Desc Main Document Page 1 of 52

| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | ☐ Chapter 7                   |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | Chapter 13                    | ☐ Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | Part 1: Identify Yourself  |  |   |  |  |  |  |  |
|-----|--|--|---|--|--|--|--|--|
|     |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):                     |  |  |  |  |  |
| 1.  | Your full name   |  |   |  |  |  |  |  |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Lois First name  J Middle name  Sharp Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |  |  |  |  |  |
|     |  |  |   |  |  |  |  |  |
| 2.  | All other names you have used in the last 8 years  |  |   |  |  |  |  |  |
|     | Include your married or maiden names.  |  |   |  |  |  |  |  |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-9659  |   |  |  |  |  |  |

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Case number (if known)

Debtor 1 Lois J Sharp

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 3841 Highland Place Country Club Hills, IL 60478 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Cook County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Debtor 1 Lois J Sharp

| Par | t 2: Tell the Court About   | our Ba       | ankruptcy Ca                  | se  |                          |   |   |   |  |  |
|-----|---|--------------|-------------------------------|---|--------------------------|---|---|---|--|--|
| 7.  | The chapter of the Bankruptcy Code you are  |              |                               | rief description of each, see go to the top of page 1 and                   |                          |   | C. § 342(b) for Individu                      | uals Filing for Bankruptcy  |  |  |
|     | choosing to file under  | ☐ Chapter 7  |                               |   |                          |   |   |   |  |  |
|     |   | ☐ Chapter 11 |                               |   |                          |   |   |   |  |  |
|     |   | ☐ Ch         |                               |   |                          |   |   |   |  |  |
|     |   | ■ Ch         | napter 13                     |   |                          |   |   |   |  |  |
| 8.  | How you will pay the fee  |              | about how you                 | u may pay. Typically, if you a<br>attorney is submitting your p             | are paying               | the fee yourself, y                           | you may pay with cash                         | r local court for more details<br>a, cashier's check, or money<br>a credit card or check with |  |  |
|     |   | _            |                               | the fee in installments. If   | •                        | e this option, sign                           | and attach the Applica                        | ation for Individuals to Pay  |  |  |
|     |   |              | ū                             | e <i>in Installment</i> s (Official For<br>: <b>my fee be waived</b> (You m | ,                        | this option only if                           | you are filing for Char                       | ster 7. Rv law, a judge may   |  |  |
|     |   |              | but is not requapplies to you |   | may do so<br>able to pay | o only if your incor<br>y the fee in installr | me is less than 150% of ments). If you choose | of the official poverty line that this option, you must fill out                              |  |  |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | □ No. ■ Yes  |                               |   |                          |   |   |   |  |  |
|     |   |              | District                      | Northern District of Illinois   | When                     | 10/31/16                                      | Case number                                   | 16-34770 ch13 dismis  |  |  |
|     |   |              | District                      | Northern District of Illinois   | When                     | 3/02/15                                       | Case number                                   | 15-07252 ch13 dismis  |  |  |
|     |   |              | District                      | See Attachment  | When                     |   | Case number                                   |   |  |  |
| 10. | Are any bankruptcy cases pending or being   | ■ No         |                               |   |                          |   |   |   |  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes        | S.                            |   |                          |   |   |   |  |  |
|     |   |              | Debtor                        |   |                          |   | Relationship to y                             | ou  |  |  |
|     |   |              | District                      |   | When                     |   | Case number, if                               | known   |  |  |
|     |   |              | Debtor                        |   |                          |   | Relationship to y                             | ou  |  |  |
|     |   |              | District                      |   | When                     |   | Case number, if                               | known   |  |  |
| 11. | Do you rent your residence?   | ■ No.        | . Go to lii                   | ne 12.  |                          |   |   |   |  |  |
|     |   | ☐ Yes        | s. Has you                    | ur landlord obtained an evic  | tion judgm               | ent against you ar                            | nd do you want to stay                        | in your residence?  |  |  |
|     |   |              |                               | No. Go to line 12.  |                          |   |   |   |  |  |
|     |   |              |                               | Yes. Fill out <i>Initial Statemer</i> bankruptcy petition.                  | nt About ar              | n Eviction Judgme                             | ent Against You (Form                         | 101A) and file it with this   |  |  |

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| ar   | Report About Any Bu   | sinesses               | You Own  | as a Sole Proprie                                    | tor   |  |  |  |
|--|---|------------------------|--|--|---|--|--|--|
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.                  | Go to  | Part 4.  |   |  |  |  |
|  |   | ☐ Yes.                 | Name   | and location of bus                                  | siness  |  |  |  |
|  | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                        | Name   | of business, if any                                  |   |  |  |  |
|  | If you have more than one sole proprietorship, use a separate sheet and attach  |                        | Numbe  | er, Street, City, Sta                                | te & ZIP Code   |  |  |  |
|  | it to this petition.  |                        | Check  | Check the appropriate box to describe your business: |   |  |  |  |
|  |   |                        |  | Health Care Busin                                    | ness (as defined in 11 U.S.C. § 101(27A))   |  |  |  |
|  |   |                        |  | Single Asset Real                                    | Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |  |
|  |   |                        |  | Stockbroker (as d                                    | lefined in 11 U.S.C. § 101(53A))  |  |  |  |
|  |   |                        |  | Commodity Broke                                      | er (as defined in 11 U.S.C. § 101(6))   |  |  |  |
|  |   |                        |  | None of the above                                    | e   |  |  |  |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines<br>operation | you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate eadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of perations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure 11 U.S.C. 1116(1)(B). |  |   |  |  |  |
|  | For a definition of small   | No.                    | I am n   | ot filing under Chap                                 | oter 11.  |  |  |  |
|  | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                  | I am fil<br>Code.  | ling under Chapter                                   | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |  |  |  |
|  |   | ☐ Yes.                 | I am fil   | ling under Chapter                                   | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |  |
| ar   | 4: Report if You Own or   | Have Any               | Hazardo  | us Property or An                                    | y Property That Needs Immediate Attention   |  |  |  |
| 14.  | Do you own or have any  | No.                    |  |  |   |  |  |  |
|  | property that poses or is<br>alleged to pose a threat<br>of imminent and  | ☐ Yes.                 | What is t  | he hazard?   |   |  |  |  |
|  | identifiable hazard to public health or safety? Or do you own any   |                        | If immedi  | ate attention is                                     |   |  |  |  |
|  | property that needs immediate attention?  |                        |  | why is it needed?                                    |   |  |  |  |
| For example, do you ow<br>perishable goods, or<br>livestock that must be fe<br>or a building that needs<br>urgent repairs? |   |                        | Where is   | the property?  |   |  |  |  |
|  |   |                        |  |  | Number, Street, City, State & Zip Code  |  |  |  |

Debtor 1 Lois J Sharp Document Page 5 of 52 Case number (if known)

Part 5: Expl

### Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 52 Case number (if known) Debtor 1 Lois J Sharp **Answer These Questions for Reporting Purposes** Part 6: 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to **□** \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Lois J Sharp Signature of Debtor 2 Lois J Sharp Signature of Debtor 1 Executed on November 12, 2017 Executed on MM / DD / YYYY MM / DD / YYYY

Debtor 1 Lois J Sharp

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Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Angie S     | S. Lee                 | Date          | November 12, 2017   |  |
|-----------------|------------------------|---------------|---------------------|--|
| Signature of    | Attorney for Debtor    |               | MM / DD / YYYY      |  |
|                 | _                      |               |                     |  |
| Angie S. L      | .ee 6282075            |               |                     |  |
| Printed name    |                        |               |                     |  |
| Attorney A      | Angie Lee, PC          |               |                     |  |
| Firm name       |                        |               |                     |  |
| 900 Ridge       | Road                   |               |                     |  |
| 2nd Floor,      | Suite K                |               |                     |  |
| Homewoo         | d, IL 60430            |               |                     |  |
| Number, Street, | City, State & ZIP Code |               |                     |  |
| Contact phone   | 708-845-7958           | Email address | angielesq@yahoo.com |  |
| 6282075         |                        |               |                     |  |
| Bar number & St | tate                   |               |                     |  |

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| Fill in this info                       | rmation to identify your | case:             |             |                                      |
|---|--------------------------|-------------------|-------------|--------------------------------------|
| Debtor 1                                | Lois J Sharp             |                   |             |                                      |
|   | First Name               | Middle Name       | Last Name   |                                      |
| Debtor 2                                |                          |                   |             |                                      |
| (Spouse if, filing)                     | First Name               | Middle Name       | Last Name   |                                      |
| United States Bankruptcy Court for the: |                          | NORTHERN DISTRICT | OF ILLINOIS |                                      |
| Case number                             |                          |                   |             | ☐ Check if this is an amended filing |

## FORM 101. VOLUNTARY PETITION

## **Prior Bankruptcy Cases Filed Attachment**

| District                      | Case Number             | Date Filed |
|-------------------------------|-------------------------|------------|
| Northern District of Illinois | 16-34770 ch13 dismissed | 10/31/16   |
| Northern District of Illinois | 15-07252 ch13 dismissed | 3/02/15    |
| Northern District of Illinois | 12-46716 ch13 dismissed | 11/28/12   |
| Northern District of Illinois | 09-45836 ch7 discharged | 12/03/09   |

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|---------------------|------------------------|-----------|-------------------------|---|--------------------------------------|--|
| Fill in this info   | rmation to identify yo | our case: |                         |   |                                      |  |
| Debtor 1            | Lois J Sharp           |           |                         |   |                                      |  |
|                     | First Name             | Mie       | ddle Name               | Last Name   |                                      |  |
| Debtor 2            |                        |           |                         |   |                                      |  |
| (Spouse if, filing) | First Name             | Mic       | ddle Name               | Last Name   |                                      |  |
| United States B     | NOIS                   |           |                         |   |                                      |  |
| Case number         |                        |           |                         |   |                                      |  |
| (if known)          |                        |           |                         |   | ☐ Check if this is an amended filing |  |
|                     |                        |           |                         |   | -                                    |  |
| Official Fo         | orm 106Sum             |           |                         |   |                                      |  |
| Summary             | of Your Asset          | s and Li  | abilities and Ce        | rtain Statistical Information   | 12/15                                |  |
|                     |                        |           |                         | ng together, both are equally responsible to mation on this form. If you are filing amend |                                      |  |

your original forms, you must fill out a new Summary and check the box at the top of this page. Part 1: Summarize Your Assets Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) 145.000.00 1a. Copy line 55, Total real estate, from Schedule A/B..... 1b. Copy line 62, Total personal property, from Schedule A/B..... 4,300.00 1c. Copy line 63, Total of all property on Schedule A/B..... 149,300.00 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 174.238.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 6,617.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... 2,404.00 Your total liabilities 183.259.00 Part 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) 2,051.34 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) 1,797.34 Copy your monthly expenses from line 22c of Schedule J..... Part 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? □ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

2,300.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total cla | aim      |
|--|-----------|----------|
| From Part 4 on Schedule E/F, copy the following:   |           |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$        | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$        | 6,617.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$        | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$        | 0.00     |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$        | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$       | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$        | 6,617.00 |

|                            | Ca   | ase 17-33839                                    | Doc 1                             |   | 11/12/17<br>ument                          | Entered 11/12/1  | 7 19:43:12  | Desc        | Main   |   |
|----------------------------|--|---|-----------------------------------|---|--|--|---|-------------|--|---|
| Fill                       | in this infor                                | mation to identify you                          | ur case and                       |   |  |  |   |             |  |   |
| Deb                        | otor 1                                       | Lois J Sharp                                    |                                   |   |  |  |   |             |  |   |
|                            |  | First Name                                      | Mid                               | dle Name  |  | Last Name  |   |             |  |   |
|                            | otor 2<br>use, if filing)                    | First Name                                      | Mid                               | dle Name  |  | Last Name  |   |             |  |   |
| Unit                       | ted States Ba                                | ankruptcy Court for the                         | · NORTHE                          | RN DISTI  | RICT OF ILLIN                              | NOIS   |   |             |  |   |
|                            |  | annapisy countries are                          |                                   |   |  |  |   |             |  |   |
| Cas                        | se number _                                  |   |                                   |   |  | -  |   |             | Check if this is an<br>amended filing              | 1 |
| SC<br>n ea<br>hink<br>nfor | chedul<br>ch category, s<br>tit fits best. B | Be as complete and accure space is needed, atta | ribe items. Lis<br>urate as possi | ible. If two  | married people                             | n asset fits in more than one e<br>e are filing together, both are e<br>e top of any additional pages,                     | qually responsib  | le for supp | lying correct                                      |   |
|                            |  |   |                                   |   |  | n or Have an Interest In land, or similar property?  |   |             |  |   |
|                            | No. Go to Par<br>Yes. Where i                | rt 2.<br>is the property?                       |                                   |   |  |  |   |             |  |   |
| 1.1                        |  |   |                                   | What  | is the property                            | ? Check all that apply   |   |             |  |   |
|                            | Street address,                              | if available, or other descripti                | ion                               | _   | Single-family h Duplex or mult Condominium | ii-unit building   | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property.</i> |             |  |   |
|                            | City   | State   | ZIP Code                          |   | Manufactured Land Investment pro           | or mobile home   | Current value of entire property?   | , t         | Current value of the portion you own? \$145,000.00 | ) |
|                            |  | Oth Who has a                                   |                                   | Other (o has an interest in the property? Check one |  | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, o a life estate), if known. |   |             |  |   |
|                            | County                                       |   |                                   |   |  | the debtors and another bu wish to add about this item   | (see instructio   |             | inity property                                     |   |
|                            |  |   |                                   |   |  | ce at 3841 Highland Pla<br>ebruary 2005 for \$144,0  |   | Club Hills  | s IL.  | _ |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......=>

\$145,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| Deb            | otor 1                    | Case 17-   | 33839 Doc 1  | Filed 11/12/17<br>Document  | Entered 11/12<br>Page 12 of 52 | 2/17 19:43:12 Dease number (if known)    | esc Main   |
|----------------|---------------------------|--|--|---|--------------------------------|--|--|
| 3. <b>C</b>    | ars. var                  |  | tors, sport utility vel  | nicles, motorcycles   |                                |  |  |
|                | •                         | 2, 2 22 2, 2 22  | ,                                | ,   |                                |  |  |
|                | l No                      |  |  |   |                                |  |  |
|                | Yes                       |  |  |   |                                |  |  |
| 2.1            | Maka                      | Dodge  |  | Who has an interest in th   | nroporty? Charleson            | Do not deduct secured                    | claims or exemptions. Put  |
| 3.1            | Make<br>Mode              | 01   |  | Who has an interest in the  | e property? Check one          | the amount of any secu                   | red claims on Schedule D: aims Secured by Property.  |
|                | Year:                     |  |  | ■ Debtor 1 only □ Debtor 2 only   |                                |  |  |
|                |                           | oximate mileage:   | 120,000  | Debtor 1 and Debtor 2 of  | only                           | Current value of the<br>entire property? | Current value of the<br>portion you own?   |
|                | Other                     | information:   |  | ☐ At least one of the debte   | •                              |  |  |
|                |                           |  |  | _   |                                | \$1,000.00                               | \$1,000.00   |
|                |                           |  |  | Check if this is comme (see instructions)   | unity property                 | φ1,000.00                                | \$1,000.00   |
| 5 <i>A</i> . F | No I Yes Add the pages ye | dollar value of<br>ou have attach<br>cribe Your Perso  | the portion you ow<br>ed for Part 2. Write t<br>onal and Household Ite | n for all of your entries fr<br>hat number hereems<br>ems<br>erest in any of the follow | om Part 2, including ar        | ny entries for                           | \$1,000.00  Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| <i>E</i>       | <i>Example</i><br>☑ No    | old goods and factorial of the second section of the second secon | f <b>urnishings</b><br>nces, furniture, linens,                        | china, kitchenware  |                                |  |  |
|                | ■ Yes.                    | Describe   |  |   |                                |  |  |
|                |                           |  | Furniture, TV  |   |                                |  | \$2,000.0  |
| <i>E</i>       | ■ No<br>□ Yes. I          | s: Televisions a   | ind radios; audio, vide<br>I phones, cameras, m                        | eo, stereo, and digital equip<br>edia players, games                                    | oment; computers, printe       | ers, scanners; music collec              | tions; electronic devices  |
| E              | Example<br>■ No           | s: Antiques and  | l figurines; paintings, μ<br>ons, memorabilia, col                     | orints, or other artwork; boolectibles  | oks, pictures, or other an     | t objects; stamp, coin, or b             | aseball card collections;  |
| E              | Example<br>■ No           | ent for sports a<br>es: Sports, photo<br>musical instri  | graphic, exercise, an  | d other hobby equipment;  | bicycles, pool tables, gol     | lf clubs, skis; canoes and l             | xayaks; carpentry tools;   |
| L              | ⊒ res. I                  | Describe   |  |   |                                |  |  |
|                | No .                      |  | s, shotguns, ammunit   | ion, and related equipmen   | t                              |  |  |

Official Form 106A/B Schedule A/B: Property page 2

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Case number (if known) Document Debtor 1 Lois J Sharp 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ■ No ☐ Yes. Describe..... 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,000.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... Savings account at Iliana Credit Union \$100.00 17.1. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name:

□ No
Official Form 106A/B Schedule A/B: Property page 3

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

21. Retirement or pension accounts

Case 17-33839 Filed 11/12/17 Entered 11/12/17 19:43:12 Page 14 of 52
Case number (if known) Document Debtor 1 Lois J Sharp Yes. List each account separately. Type of account: Institution name: \$0.00 Pension through Employer 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No ☐ Yes. ..... Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement □ No Yes. Give specific information..... **Back child support** \$1,200.00 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No

Doc 1

Desc Main

|   | Case 17-33839  | Doc 1                                  | Filed 11/12/17<br>Document           | Entered 11/12/17 19:43:12 Page 15 of 52 Case number (if known)                    | Desc Main                  |
|---|--|--|--------------------------------------|---|----------------------------|
| Debtor 1  | Lois J Sharp   |  |                                      | Case number (if known)  |                            |
| ■ Yes.  | Name the insurance comp<br>Com   | any of each p<br>npany name:           | olicy and list its value.            | Beneficiary:  | Surrender or refund value: |
|   | Life   | insurance                              | through Employer                     |   | \$0.00                     |
| If you a some of the source o | one has died.  Give specific information   | ng trust, exped                        | et proceeds from a life in           | surance policy, or are currently entitled to rece it or made a demand for payment | eive property because      |
| ■ No  | Describe each claim  |  | , ,                                  |   |                            |
| ■ No  | contingent and unliquida  Describe each claim                                      |  | every nature, includin               | g counterclaims of the debtor and rights to                                       | set off claims             |
| ■ No  | nancial assets you did no Give specific information                                |  |                                      |   |                            |
|   |  |  |                                      | ny entries for pages you have attached  | \$1,300.00                 |
| Part 5: Des   | scribe Any Business-Related  | d Property You                         | Own or Have an Interest              | In. List any real estate in Part 1.   |                            |
| No. Go  | own or have any legal or equoto to Part 6.<br>Go to line 38.                       | itable interest                        | in any business-related p            | roperty?  |                            |
| Part 6: Des   | scribe Any Farm- and Comm<br>ou own or have an interest in f                       | ercial Fishing-<br>armland, list it in | Related Property You Ow<br>n Part 1. | n or Have an Interest In.   |                            |
| ■ No.   | own or have any legal of Go to Part 7.  Go to line 47.                             | r equitable ir                         | nterest in any farm- or o            | commercial fishing-related property?  |                            |
| Part 7:   | Describe All Property You  | Own or Have a                          | an Interest in That You Did          | Not List Above  |                            |
| Examp<br>■ No   | I have other property of a ples: Season tickets, country Give specific information | ry club membe                          |                                      |   |                            |

Official Form 106A/B Schedule A/B: Property page 5

54. Add the dollar value of all of your entries from Part 7. Write that number here ......

\$0.00

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Case number (if known) Debtor 1 Lois J Sharp

| Part | 8: List the Totals of Each Part of this Form                 |            |                              |              |
|------|--|------------|------------------------------|--------------|
| 55.  | Part 1: Total real estate, line 2                            |            |                              | \$145,000.00 |
| 56.  | Part 2: Total vehicles, line 5                               | \$1,000.00 |                              |              |
| 57.  | Part 3: Total personal and household items, line 15          | \$2,000.00 |                              |              |
| 58.  | Part 4: Total financial assets, line 36                      | \$1,300.00 |                              |              |
| 59.  | Part 5: Total business-related property, line 45             | \$0.00     |                              |              |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    | \$0.00     |                              |              |
| 61.  | Part 7: Total other property not listed, line 54 +           | \$0.00     |                              |              |
| 62.  | Total personal property. Add lines 56 through 61             | \$4,300.00 | Copy personal property total | \$4,300.00   |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |            |                              | \$149,300.00 |

Official Form 106A/B Schedule A/B: Property page 6

|                     |                          |                   | <u> </u>    | 1/ |        |
|---------------------|--------------------------|-------------------|-------------|----|--------|
| Fill in this inform | mation to identify your  | case:             |             |    |        |
| Debtor 1            | Lois J Sharp             |                   |             |    |        |
|                     | First Name               | Middle Name       | Last Name   |    |        |
| Debtor 2            |                          |                   |             |    |        |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |    |        |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |    |        |
| Case number         |                          |                   |             |    |        |
| (if known)          |                          |                   |             |    | Check  |
|                     |                          |                   |             |    | amende |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| <ol> <li>Which set of exemptions are you claiming? Check one only, even if your spouse is filing w</li> </ol> |
|---|
|---|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the<br>portion you own | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption |
|--|---|-----|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B     | Che | eck only one box for each exemption.                            |                                    |
| 2007 Dodge Charger 120,000 miles Line from Schedule A/B: 3.1                           | \$1,000.00                              | -   | \$1,000.00  | 735 ILCS 5/12-1001(c)              |
| Line Irom Schedule A.B. 3.1  |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Savings account at Iliana Credit<br>Union  | \$100.00                                |     | \$100.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 17.1   |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Pension through Employer Line from Schedule A/B: 21.1                                  | \$0.00                                  |     | \$0.00  | 735 ILCS 5/12-704                  |
| Line from <i>Schedule Alb.</i> 2111  |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Back child support Line from Schedule A/B: 29.1  | \$1,200.00                              |     | \$1,200.00  | 735 ILCS 5/12-1001(g)(4)           |
| Line Irom Schedule A.B. 23.1   |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Life insurance through Employer Line from Schedule A/B: 31.1                           | \$0.00                                  |     | \$0.00  | 215 ILCS 5/238                     |
| Line Iron Schedule A/D. 31.1   |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |

Filed 11/12/17 Entered 11/12/17 19:43:12 Page 18 of 52 Case number (if known) Document Debtor 1 Lois J Sharp 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? 

Case 17-33839

No

Yes

Doc 1

Desc Main

|             |                              |                         | Document F  | <sup>2</sup> age 19 | of 52                  |                         |                   |
|-------------|------------------------------|-------------------------|---|---------------------|------------------------|-------------------------|-------------------|
| Fill in th  | nis informatio               | n to identify you       | ır case:  |                     |                        |                         |                   |
| Debtor 1    | 1 1                          | ois I Sharn             |   |                     |                        |                         |                   |
| Debtor 1    | _                            |                         | Middle Name L   | ast Name            |                        | -                       |                   |
| Debtor 2    | 2                            |                         |   |                     |                        |                         |                   |
| (Spouse if, | filing) Fir                  | st Name                 | Middle Name L   | ast Name            |                        | -                       |                   |
| I Inited S  | States Rankrur               | otey Court for the      | NORTHERN DISTRICT OF ILLING   | OIS                 |                        |                         |                   |
| orinea c    | жаюз Бапкгар                 | ncy Court for the.      | TOTAL PROPERTY OF THE PARTY OF |                     |                        | -                       |                   |
| Case nu     | ımber                        |                         |   |                     |                        |                         |                   |
| (if known)  |                              |                         |   |                     |                        | ☐ Check                 | if this is an     |
|             | or 1 Lois J Sharp First Name |                         | ded filing  |                     |                        |                         |                   |
| o           | 46                           | <b>.</b>                |   |                     |                        |                         |                   |
| Officia     | al Form 10                   | <u> 16D</u>             |   |                     |                        |                         |                   |
| Sche        | dule D:                      | Creditors               | Who Have Claims Se  | ecured              | by Propert             | У                       | 12/15             |
|             |                              |                         |   |                     |                        |                         |                   |
|             |                              |                         |   |                     |                        |                         |                   |
|             |                              |                         |   |                     | тор оту                | pages,e year            |                   |
| 1. Do any   | creditors have               | claims secured by       | your property?  |                     |                        |                         |                   |
|             | lo. Check this               | box and submit th       | his form to the court with your other scl   | hedules. Yo         | ou have nothing else t | to report on this form. |                   |
| _           |                              |                         | •   |                     | ŭ                      | •                       |                   |
| <b>–</b> 1  | _                            |                         | below.  |                     |                        |                         |                   |
| Part 1:     | List All Sec                 | cured Claims            |   |                     | 0-1                    | O-1 D                   | 0-10              |
|             |                              |                         |   |                     |                        |                         | Column C          |
|             |                              |                         |   | Part 2. As          |                        |                         | Unsecured portion |
|             | possible, list trie          | ciairis iii aipriabelii | cal order according to the creditor's name.   |                     |                        |                         | If any            |
|             |                              | gement                  |   |                     | to FEC 00              | ¢4 000 00               | ¢E                |
| Se          |                              |                         | · · ·   |                     | \$0,550.00             | \$1,000.00              | \$5,556.00        |
| Cre         | ditor's Name                 |                         | 2007 Dodge Charger 120,000 n  | niles               |                        |                         |                   |
|             |                              |                         |   |                     |                        |                         |                   |
|             |                              | Ogden                   | As of the date you file, the claim is: Che  | ck all that         |                        |                         |                   |
|             |                              | 1206-2217               | <u></u> -   |                     |                        |                         |                   |
|             |                              |                         | _   |                     |                        |                         |                   |
| Nur         | mber, Street, City, S        | State & Zip Code        |   |                     |                        |                         |                   |
| Who ow      | as the debt?                 | Shock one               | •   |                     |                        |                         |                   |
| _           |                              | check one.              | _   |                     |                        |                         |                   |
|             | •                            |                         | • • •   | tgage or sec        | eurea                  |                         |                   |
| _           | •                            |                         | _   |                     |                        |                         |                   |
|             |                              | •                       |   | nic's lien)         |                        |                         |                   |
| _           |                              |                         | _   |                     |                        |                         |                   |
|             |                              | elates to a             | Other (including a right to offset)   |                     |                        |                         |                   |
| COIII       | mamily acat                  |                         |   |                     |                        |                         |                   |
| Date deb    | t was incurred               | 2017                    | Last 4 digits of account number   | 1227                |                        |                         |                   |
|             |                              |                         |   |                     |                        |                         |                   |
| Ci          | ty Ntl Bk/Oc                 | wen Loan                |   |                     |                        |                         |                   |
|             |                              |                         | Describe the property that secures the  | claim:              | \$167,682.00           | \$145,000.00            | \$22,682.00       |
| Cre         | ditor's Name                 |                         | Primary residence at 3841 High  | nland               |                        |                         |                   |
|             |                              |                         |   |                     |                        |                         |                   |
| At          | tn: Bankrup                  | tcy                     | _   | r                   |                        |                         |                   |
|             |                              |                         |   | -1: -11 4b -4       |                        |                         |                   |
|             |                              | ach, FL                 |   | ck all that         |                        |                         |                   |
| _33         | 416                          |                         | ☐ Contingent  |                     |                        |                         |                   |
| Nur         | mber, Street, City, S        | State & Zip Code        | ☐ Unliquidated  |                     |                        |                         |                   |
|             |                              |                         |   |                     |                        |                         |                   |
| Who ow      | es the debt? (               | Check one.              | _   |                     |                        |                         |                   |
| Debto       | or 1 only                    |                         | • • •   | tgage or sec        | ured                   |                         |                   |
| Debto       | or 2 only                    |                         | car loan)   |                     |                        |                         |                   |
|             | or 1 and Debtor 2            | •                       | ☐ Statutory lien (such as tax lien, mecha   | nic's lien)         |                        |                         |                   |
| ☐ At lea    | st one of the del            | otors and another       | ☐ Judgment lien from a lawsuit  |                     |                        |                         |                   |

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| Debto         | r 1 Lois J Sha                                   | arp                                |  | Ca                  | se number (if know)  |
|---------------|--|------------------------------------|--|---------------------|--|
|               | First Name                                       | Middle Name                        | Last Name  |                     |  |
|               | eck if this claim re<br>mmunity debt             | elates to a                        | Other (including a right to offset)                                      | Mortgage            |  |
| Date d        | ebt was incurred                                 | Opened 2/01/05 Last Active 3/17/11 | Last 4 digits of account nun   | nber 2318           |  |
|               |  | •                                  | mn A on this page. Write that nur  |                     | \$174,238.00<br>\$174,238.00   |
|               | that number here                                 |                                    | Debt That You Already Lister   | d                   | \$174,238.00   |
| trying than o | to collect from you<br>ne creditor for any       | u for a debt you owe               | to someone else, list the creditor u listed in Part 1, list the addition | in Part 1, and then | eady listed in Part 1. For example, if a collection agency is<br>list the collection agency here. Similarly, if you have more<br>you do not have additional persons to be notified for any |
|               |  | reet, City, State & Zip            |  | On which li         | ine in Part 1 did you enter the creditor? _2.2_  |
|               | 225 W Washir<br>Suite 2200<br>Chicago, IL 60     | ·                                  |  | Last 4 digit        | s of account number  |
|               | Name, Number, St<br><b>US Bank</b>               | reet, City, State & Zip            | Code   | On which li         | ine in Part 1 did you enter the creditor? _2.1_  |
|               | 800 Nicollet M<br>Attn Collectio<br>Minneapolis, | ns/Bankruptcy                      |  | Last 4 digit        | s of account number  |

|   |  | Document  | Page                         | 21 of                     | <u>52                                    </u>        |   |                               |
|---|--|---|------------------------------|---------------------------|--|---|-------------------------------|
| Fill in this inforn   | nation to identify your cas  | se:   |                              |                           |  |   |                               |
| Debtor 1  | Lois J Sharp   |   |                              |                           |  |   |                               |
|   | First Name   | Middle Name   | Last Nam                     | Э                         |  |   |                               |
| Debtor 2  | Circl Name   | Middle None   | Loot Nom                     |                           |  |   |                               |
| (Spouse II, IIIIng)   | First Name   | Middle Name   | Last Nam                     | 3                         |  |   |                               |
| United States Ba  | nkruptcy Court for the:  | IORTHERN DISTRICT OF  | ILLINOIS                     |                           |  |   |                               |
| Case number   |  |   |                              |                           |  |   |                               |
| (if known)  |  |   |                              |                           |  | ☐ Check                                       | f this is an                  |
|   |  |   |                              |                           |  | amende  | ed filing                     |
| Official Form   | n 106E/E   |   |                              |                           |  |   |                               |
|   |  | o Have Unsecure   | d Claim                      | <b>S</b>                  |  |   | 12/15                         |
|   | Trial Narro  |   |                              |                           |  |   |                               |
| Schedule G: Execu<br>Schedule D: Credit<br>eft. Attach the Con<br>name and case nur   | tory Contracts and Unexpired<br>ors Who Have Claims Secure<br>tinuation Page to this page. I<br>mber (if known). | d Leases (Official Form 106G)<br>d by Property. If more space<br>f you have no information to | ). Do not incluis needed, co | ide any cre<br>py the Par | editors with partially s<br>t you need, fill it out, | ecured claims that a<br>number the entries in | re listed in the boxes on the |
|   |  |   |                              |                           |  |   |                               |
|   | , ,  | amis agamst your  |                              |                           |  |   |                               |
| ■ Ves   |  |   |                              |                           |  |   |                               |
| possible, list the<br>Part 1. If more   | e claims in alphabetical order a than one creditor holds a partic  | ccording to the creditor's name.<br>ular claim, list the other creditor                       | . If you have n              | ore than tw               | vo priority unsecured cl                             | aims, fill out the Contin                     | uation Page of  Nonpriority   |
| 2.1 <b>IRS</b>  |  | Last 4 digits of acc  | ount number                  | 9659                      | \$6,617.00   | . –   |                               |
| •   |  |   |                              | 2222                      |  | ·   |                               |
|   | •  | when was the debt   | incurred?                    | 2008                      |  | -   |                               |
| PO Box  | 7346   |   |                              |                           |  |   |                               |
|   |  | As of the date you  | fila tha alaim               | in Charle                 | all that apply                                       |   |                               |
|   |  |   | ille, tile Clailli           | is. Check                 | ан шасарріу  |   |                               |
| Debtor 1 o  | nnly   | 9   |                              |                           |  |   |                               |
| _   |  | _   |                              |                           |  |   |                               |
| _   | •  | •   | unsecured cla                | im:                       |  |   |                               |
| _   | ,  |   |                              |                           |  |   |                               |
|   |  | <u> </u>  | · ·                          | ou ou o the               | . gavaramant   |   |                               |
|   | •  |   |                              |                           | •  |   |                               |
| _   |  |   |                              | ,                         |  |   |                               |
| ☐ Yes   |  |   | Taxes owe                    | d                         |  |   |                               |
| Debtor 1 Lois J Sharp Filix Name Mode Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number  12/15  Schedule E/F: Creditors Who Have Unisecured Claims as a complete and accurate as possible. Use Part 1 for creditors with PRIORTY claims and Part 2 for conditions with NONPRIORTY claims. List the other party for schedule of Executory Contracts and Unexpired Lasses (Official Form 1665). Do not include any creditors with hart and isted of the Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your ame and case number (if known).  20/2013  20/2013  Do any creditors have priority unsecured claims against you?  No. Go to Part 2.  Ves.  Ves.  Last 4 digits of account number 9659 \$6,617.00 \$5,076.00 \$1,541.00 Part 1 in love is more cerebin or object by applicated claims, if it or the Continuation Page of Part 1 informs in more cerebin or object by applicated claims in the form of the control of the part of the date of the debt of 2 only  Debtor 1 only  Check if this claim is for a community debt to the claim subject to offset?  Taxes and certain other debts you one the government  Taxes one the debt of control calculated  Taxes one the debt of the debtors and another claims. If our the claim is control injury while you were intoxicated  Taxes and |  |   |                              |                           |  |   |                               |
|   |  |   |                              |                           |  |   |                               |
| _ `   |  |   |                              | ممارياه م                 |  |   |                               |
|   | ve nothing to report in this part.   | CODMIT THE TOTAL TO THE COURT W   | iai your ouier               | ou icuules.               |  |   |                               |
| Yes.  |  |   |                              |                           |  |   |                               |
| unsecured clair   | m, list the creditor separately fo   | r each claim. For each claim list   | ted, identify w              | nat type of o             | claim it is. Do not list cla                         | aims already included i                       | n Part 1. If more             |

Official Form 106 E/F

Total claim

Page 22 of 52 Case number (if know) Document Debtor 1 Lois J Sharp 4.1 \$469.00 Cap One Last 4 digits of account number 7698 Nonpriority Creditor's Name Opened 6/01/12 Last Active 26525 N Riverwoods Blvd When was the debt incurred? 11/13/12 Mettawa, IL 60045 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify CreditCard 4.2 **Fingerhut** 7896 Last 4 digits of account number \$404.00 Nonpriority Creditor's Name Opened 5/24/12 Last Active 6250 Ridgewood Road When was the debt incurred? 10/15/12 Saint Cloud, MN 56303 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge account ☐ Yes 4.3 **First Premier Bank** Last 4 digits of account number 6393 \$701.00 Nonpriority Creditor's Name Opened 5/01/12 Last Active 3820 N Louise Ave When was the debt incurred? 11/20/12 Sioux Falls, SD 57107 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

debt

■ No

☐ Yes

■ Other. Specify CreditCard

☐ Student loans

report as priority claims

☐ Obligations arising out of a separation agreement or divorce that you did not

 $\square$  Debts to pension or profit-sharing plans, and other similar debts

☐ Check if this claim is for a community

Is the claim subject to offset?

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| Ic Systems Inc   | Last 4 digits of account number                              | 0001  | \$55.00   |
|--|--|---|-----------|
| Nonpriority Creditor's Name Po Box 64378 St. Paul, MN 55164                  | When was the debt incurred?                                  | Opened 6/01/12                                |           |
| Number Street City State Zlp Code  Who incurred the debt? Check one.         | As of the date you file, the claim                           | is: Check all that apply                      |           |
| ■ Debtor 1 only  | ☐ Contingent   |   |           |
| Debtor 2 only  | ☐ Unliquidated   |   |           |
| ☐ Debtor 1 and Debtor 2 only   | Disputed   |   |           |
| ☐ At least one of the debtors and another                                    | Type of NONPRIORITY unsecure                                 | d claim:                                      |           |
| ☐ Check if this claim is for a community                                     | ☐ Student loans  |   |           |
| debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |           |
| ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |           |
| Yes  | Other. Specify Collection                                    | Attorney At T Midwest                         |           |
| Lighthouse Financial   | Last 4 digits of account number                              |   | Unknown   |
| Nonpriority Creditor's Name<br>11004 South Cicero Ave.<br>Oak Lawn, IL 60453 | When was the debt incurred?                                  | July 2011                                     |           |
| Number Street City State Zlp Code  Who incurred the debt? Check one.         | As of the date you file, the claim                           | is: Check all that apply                      |           |
| Debtor 1 only  | ☐ Contingent   |   |           |
| Debtor 2 only  | ☐ Unliquidated   |   |           |
| Debtor 2 only  | ■ Disputed   |   |           |
| ☐ At least one of the debtors and another                                    | Type of NONPRIORITY unsecure                                 | d claim:                                      |           |
| ☐ Check if this claim is for a community                                     | ☐ Student loans  |   |           |
| debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |           |
| ■ No   | ☐ Debts to pension or profit-sharing                         | ng plans, and other similar debts             |           |
| ☐ Yes  | Other. Specify 2007 Dodge                                    | e Charger 100,000 miles                       |           |
| Merrick Bk   | Last 4 digits of account number                              | 9395  | \$675.00  |
| Nonpriority Creditor's Name  | _  |   | ********* |
| Attn: Bankruptcy<br>P.O. Box 9201  | When was the debt incurred?                                  | Opened 8/01/12 Last Active 11/06/12           |           |
| Old Bethpage, NY 11804   | when was the debt incurred?                                  | 11/00/12                                      |           |
| Number Street City State Zlp Code  | As of the date you file, the claim                           | is: Check all that apply                      |           |
| Who incurred the debt? Check one.  |  |   |           |
| ■ Debtor 1 only  | ☐ Contingent   |   |           |
| ☐ Debtor 2 only  | ☐ Unliquidated   |   |           |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |           |
| ☐ At least one of the debtors and another                                    | Type of NONPRIORITY unsecure                                 | d claim:                                      |           |
| ☐ Check if this claim is for a community                                     | ☐ Student loans  |   |           |
| debt Is the claim subject to offset?   | report as priority claims                                    | aration agreement or divorce that you did not |           |
| ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |           |
| Yes  | ■ Other. Specify CreditCard                                  |   |           |
|  | - Other, Specify   |   |           |

Page 24 of 52 Case number (if know) Document Debtor 1 Lois J Sharp

| Municollofam                              | Last 4 digits of account number 5998  | \$100.00 |  |  |  |
|---|---|----------|--|--|--|
| Nonpriority Creditor's Name               | <del></del>   |          |  |  |  |
| 3348 Ridge Road                           | When was the debt incurred?   |          |  |  |  |
| Lansing, IL 60438                         |   |          |  |  |  |
| Number Street City State Zlp Code         | As of the date you file, the claim is: Check all that apply                     |          |  |  |  |
| Who incurred the debt? Check one.         |   |          |  |  |  |
| Debtor 1 only                             | ☐ Contingent  |          |  |  |  |
| Debtor 2 only                             | ☐ Unliquidated  |          |  |  |  |
| ☐ Debtor 1 and Debtor 2 only              | ☐ Disputed  |          |  |  |  |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim:  |          |  |  |  |
| ☐ Check if this claim is for a community  | ☐ Student loans   |          |  |  |  |
| debt                                      | ☐ Obligations arising out of a separation agreement or divorce that you did not |          |  |  |  |
| Is the claim subject to offset?           | report as priority claims   |          |  |  |  |
| ■ No                                      | ☐ Debts to pension or profit-sharing plans, and other similar debts             |          |  |  |  |
| ☐ Yes                                     | ■ Other. Specify 04 City Of Calumet City R                                      |          |  |  |  |

### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                     |      |   |     | Te | otal Claim |
|---------------------|------|---|-----|----|------------|
| Total               | 6a.  | Domestic support obligations  | 6a. | \$ | 0.00       |
| claims<br>om Part 1 | C.L. | Tanananda antain athan dahta assa assa tha massassant   | Ch. | •  |            |
| om Part 1           | 6b.  | Taxes and certain other debts you owe the government  | 6b. | \$ | 6,617.00   |
|                     | 6c.  | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00       |
|                     | 6d.  | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00       |
|                     | 6e.  | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 6,617.00   |
|                     |      |   |     | To | otal Claim |
|                     | 6f.  | Student loans   | 6f. | \$ | 0.00       |
| Total claims        |      |   |     |    |            |
| om Part 2           | 6g.  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00       |
|                     | 6h.  | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00       |
|                     | 6i.  | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 2,404.00   |
|                     | 6j.  | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 2,404.00   |

|                     |                          | IJULIIIIE         | III FAUE 73 UL37 |  |
|---------------------|--------------------------|-------------------|------------------|--|
| Fill in this infor  | mation to identify your  | case:             |                  |  |
| Debtor 1            | Lois J Sharp             |                   |                  |  |
|                     | First Name               | Middle Name       | Last Name        |  |
| Debtor 2            |                          |                   |                  |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |  |
| Case number         |                          |                   |                  |  |
| (if known)          |                          |                   |                  |  |
|                     |                          |                   |                  |  |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | whom you have the or, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     |           |              |   |                   |   |
|     |           |              |   |                   | _                                       |
|     | Number    | Street       |   |                   |   |
|     |           |              |   |                   |   |
|     | City      |              | State   | ZIP Code          |   |
| 2.2 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     |           |              |   |                   |   |
|     |           |              |   |                   | _                                       |
|     | Number    | Street       |   |                   |   |
|     |           |              |   |                   |   |
|     | City      |              | State   | ZIP Code          |   |
| 2.3 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     |           |              |   |                   |   |
|     |           |              |   |                   | _                                       |
|     | Number    | Street       |   |                   |   |
|     |           |              |   |                   |   |
|     | City      |              | State   | ZIP Code          |   |
| 2.4 |           |              |   |                   |   |
|     | Name      |              |   |                   |   |
|     |           |              |   |                   |   |
|     |           |              |   |                   | _                                       |
|     | Number    | Street       |   |                   |   |
|     |           |              |   |                   |   |
|     | City      |              | State   | ZIP Code          |   |
| 2.5 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     |           |              |   |                   |   |
|     |           |              |   |                   | _                                       |
|     | Number    | Street       |   |                   |   |
|     |           |              |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          |   |
|     |           |              |   |                   |   |

|  |   | Docume   | nt Page 26 d                                     | of 52  |  |
|--|---|--|--|--|--|
| Fill in this                                       | information to identify your  | case:  |  |  |  |
| Debtor 1   | Lois J Sharp  |  |  |  |  |
| Debioi i   | First Name  | Middle Name  | Last Name  |  |  |
| Debtor 2   |   |  |  |  |  |
| (Spouse if, filin                                  | ng) First Name  | Middle Name  | Last Name  |  |  |
| United Stat  | tes Bankruptcy Court for the:   | NORTHERN DISTRICT  | OF ILLINOIS                                      |  |  |
| Cooo numb  | oor   |  |  |  |  |
| Case numb<br>(if known)                            | Dei   |  |  |  | ☐ Check if this is an  |
|  |   |  |  |  | amended filing   |
| Sched<br>Codebtors<br>beople are<br>ill it out, ar | are people or entities who a filing together, both are equal number the entries in the and case number (if known) | re also liable for any deb<br>ally responsible for supp<br>boxes on the left. Attach | olying correct informat<br>the Additional Page t | tion. If more space is need                              | ed, copy the Additional Page,  |
| 1. Do y  | you have any codebtors? (If   | you are filing a joint case, o   | do not list either spouse                        | as a codebtor.   |  |
| ■ No   |   |  |  |  |  |
| ■ No<br>□ Yes                                      |   |  |  |  |  |
| L Tes  |   |  |  |  |  |
|  | nin the last 8 years, have you<br>a, California, Idaho, Louisiana   |  |  |  | tes and territories include  |
| ■ No   | Go to line 3.   |  |  |  |  |
|  | . Did your spouse, former spo   | use or legal equivalent live   | with you at the time?                            |  |  |
| <b>—</b> 103                                       | . Dia your spouse, former spo   | use, or legal equivalent live  | with you at the time:                            |  |  |
| in line<br>Form out Co                             | 2 again as a codebtor only  | if that person is a guaran<br>I Form 106E/F), or Sched                               | tor or cosigner. Make                            | sure you have listed the co<br>06G). Use Schedule D, Sch | th you. List the person shown reditor on Schedule D (Official edule E/F, or Schedule G to fill or to whom you owe the debt at apply: |
| 0.4  |   |  |  | Пот т в г  |  |
| 3.1  | Name  |  |  | Schedule D, line   |  |
|  | · · · · · · ·   |  |  | ☐ Schedule E/F, line☐ Schedule G, line☐                  |  |
| _  |   |  |  | Schedule G, line _                                       |  |
|  | Number Street<br>City   | State  | ZIP Code   |  |  |
| 3.2  |   |  |  | ☐ Schedule D, line                                       |  |
|  | Name  |  |  | Schedule E/F, line                                       |  |
|  |   |  |  | ☐ Schedule G, line                                       |  |
| _  |   |  |  |  |  |
|  | Number Street   | State  | ZIP Code   |  |  |

Schedule H: Your Codebtors

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| E:II          | in this information to id  | lantify your o                            |   |                                  |           |      | ı       |                         |                          |                                  |         |
|---------------|--|---|---|----------------------------------|-----------|------|---------|-------------------------|--------------------------|----------------------------------|---------|
|               | in this information to id  | ois J Sharp                               |   |                                  |           |      |         |                         |                          |                                  |         |
|               | otor 2  ouse, if filing)   |   |   |                                  |           | _    |         |                         |                          |                                  |         |
| Uni           | ted States Bankruptcy  | Court for the                             | : NORTHERN DISTRIC  | CT OF ILLINOIS                   |           |      |         |                         |                          |                                  |         |
| (If kr        | se number  |   |   | -                                |           |      |         |                         | ed filing<br>ent showin  | g postpetition<br>ollowing date: |         |
|               | fficial Form 1   |   |   |                                  |           |      | Ī       | /IM / DD/ \             | YYYY                     |                                  |         |
| S             | chedule I: Yo  | our Inco                                  | ome   |                                  |           |      |         |                         |                          |                                  | 12/15   |
| spo<br>atta   | use. If you are separa   | nted and you<br>this form. (<br>mployment | are married and not filir<br>r spouse is not filing w<br>On the top of any additi | ith you, do not incl             | ude infor | mati | on abou | t your spo<br>umber (if | ouse. If me<br>known). A | ore space is                     | needed, |
|               |  |   |   | ■ Employed                       |           |      |         | □ Empl                  |                          | iiig spouse                      |         |
|               | If you have more that attach a separate parinformation about add | ge with                                   | Employment status   | ☐ Not employed                   |           |      |         |                         | mployed                  |                                  |         |
|               | employers.   |   | Occupation  | CNA                              |           |      |         |                         |                          |                                  |         |
|               | Include part-time, sea self-employed work.                       | asonal, or                                | Employer's name   | Alden                            |           |      |         |                         |                          |                                  |         |
|               | Occupation may inclu<br>or homemaker, if it a                    |   | Employer's address  | 16450 South 9<br>Orland Park, II |           |      |         |                         |                          |                                  |         |
|               |  |   | How long employed t   | here? <u>2016</u>                |           |      |         | _                       |                          |                                  |         |
| Par           | t 2: Give Details  | s About Mor                               | thly Income   |                                  |           |      |         |                         |                          |                                  |         |
| spou<br>If yo | mate monthly income<br>use unless you are sep                    | e as of the data<br>arated.               | ate you file this form. If  |                                  | ·         | •    |         |                         | ·                        | ·                                |         |
|               |  |   |   |                                  |           |      | For De  | btor 1                  |                          | btor 2 or<br>ing spouse          |         |
| 2.            |  |   | ry, and commissions (b<br>calculate what the month                                |                                  | 2.        | \$   | 1       | ,763.67                 | \$                       | N/A                              |         |
| 3.            | Estimate and list me   | onthly overti                             | ime pay.  |                                  | 3.        | +\$  |         | 0.00                    | +\$                      | N/A                              |         |
| 4.            | Calculate gross Inc  | ome. Add lir                              | ne 2 + line 3.  |                                  | 4.        | \$   | 1,7     | 63.67                   | \$                       | N/A                              |         |

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| Debt | tor 1         | Lois J Sharp  | -    | (              | Case    | e number (if known) |      |                    |                |  |
|------|---------------|---|------|----------------|---------|---------------------|------|--------------------|----------------|--|
|      |               |   |      |                | Fo      | r Debtor 1          |      | Debtor<br>filing s |                |  |
|      | Сор           | y line 4 here   | 4.   |                | \$_     | 1,763.67            | \$   |                    | N/A            | <u> </u>                                     |
| 5.   | List          | all payroll deductions:   |      |                |         |                     |      |                    |                |  |
|      | 5a.           | Tax, Medicare, and Social Security deductions   | 5a   | ١.             | \$      | 212.33              | \$   |                    | N/A            |  |
|      | 5b.           | Mandatory contributions for retirement plans  | 5b   | ).             | \$      | 0.00                | \$   |                    | N/A            | _  |
|      | 5c.           | Voluntary contributions for retirement plans  | 5c   | :.             | \$      | 0.00                | \$   |                    | N/A            | <del>-</del>                                 |
|      | 5d.           | Required repayments of retirement fund loans  | 5d   | l.             | \$      | 0.00                | \$   |                    | N/A            |  |
|      | 5e.           | Insurance   | 5e   | <del>)</del> . | \$      | 0.00                | \$   |                    | N/A            | <br>\  |
|      | 5f.           | Domestic support obligations  | 5f.  |                | \$      | 0.00                | \$   |                    | N/A            | <u> </u>                                     |
|      | 5g.           | Union dues  | 5g   | ١.             | \$_     | 0.00                | \$   |                    | N/A            | <u> </u>                                     |
|      | 5h.           | Other deductions. Specify:  | 5h   | 1.+            | \$_     | 0.00                | + \$ |                    | N/A            | <u>.                                    </u> |
| 6.   | Add           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.   |                | \$_     | 212.33              | \$   |                    | N/A            | <u>.</u>                                     |
| 7.   | Cald          | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.   |                | \$_     | 1,551.34            | \$   |                    | N/A            | <u>.</u>                                     |
| 8.   | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a   | 1              | \$      | 0.00                | \$   |                    | N/A            |  |
|      | 8b.           | Interest and dividends  | 8b   |                | \$<br>- | 0.00                | \$-  |                    | N/A            |  |
|      | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c   |                | \$_     | 0.00                | \$   |                    | N/A            | <u>-</u>                                     |
|      | 8d.           | Unemployment compensation   | 8d   | l.             | \$_     | 0.00                | \$   |                    | N/A            | _  |
|      | 8e.           | Social Security   | 8e   | <del>)</del> . | \$_     | 0.00                | \$   |                    | N/A            | <u>-</u>                                     |
|      | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:         | 8f.  |                | \$_     | 0.00                | \$   |                    | N/A            | _  |
|      | 8g.           | Pension or retirement income  | 8g   |                | \$_     | 0.00                | \$   |                    | N/A            | _  |
|      | 8h.           | Other monthly income. Specify: Daughter's contribution  | 8h   | 1.+            | \$_     | 500.00              | + \$ |                    | N/A            | <u> </u>                                     |
| 9.   | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.   | ,              | \$      | 500.00              | \$   |                    | N/             | A  |
| 10   | Cald          | culate monthly income. Add line 7 + line 9.   | 10.  | \$             |         | 2,051.34 + \$       |      | N/A                | = \$           | 2,051.34                                     |
| 10.  |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.  | Ψ_             |         | Σ,031.34            |      | IVA                | -              | 2,031.34                                     |
| 11.  | Inclu<br>othe | e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your refriends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not accify:        | depe |                |         |                     |      |                    | ∍ J.<br>+\$    | 0.00   |
| 12.  |               | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies   |      |                |         |                     |      | 12.                | \$             | 2,051.34                                     |
| 13.  | Dov           | ou expect an increase or decrease within the year after you file this form  | ?    |                |         |                     |      |                    | Combi<br>month | ned<br>ly income                             |
| ٠    |               | No.   |      |                |         |                     |      |                    |                |  |
|      | $\overline{}$ | Yes Explain:  |      |                |         |                     |      |                    |                |  |

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| FilLin±     | his information to identify   | Our case:      |   |  | I                             |  |  |
|-------------|---|----------------|---|--|-------------------------------|--|--|
| Debtor      |   |                |   |  | Char                          | ck if this is:                             |  |
| Debioi      | Lois J Shar   | р              |   |  |                               | An amended filing                          |  |
| Debtor :    | 2<br>e, if filing)  |                |   |  |                               | A supplement show 13 expenses as of        | wing postpetition chapter                  |
| ``          |   |                |   |  | _                             |  |  |
| United \$   | States Bankruptcy Court for th  | e: NORTH       | HERN DISTRICT OF ILLIN  | OIS  |                               | MM / DD / YYYY                             |  |
| Case no     |   |                |   |  |                               |  |  |
| Offic       | cial Form 106J  |                |   |  |                               |  |  |
| Sch         | edule J: Your   | Exper          | ises  |  |                               |  | 12/15                                      |
| inform      | complete and accurate a<br>nation. If more space is n<br>er (if known). Answer ev | eeded, atta    | . If two married people ar<br>nch another sheet to this<br>n.               | e filing together, be<br>form. On the top of | oth are equal<br>any addition | ally responsible fo<br>onal pages, write y | or supplying correct<br>your name and case |
| Part 1:     |   | ehold          |   |  |                               |  |  |
| _           | this a joint case?  |                |   |  |                               |  |  |
|             | No. Go to line 2. Yes. <b>Does Debtor 2 live</b>                                  | in a sonar     | ate household?  |  |                               |  |  |
| _           | □ No  | ili a sepai    | ate nousenoiu:  |  |                               |  |  |
|             |   | ust file Offic | ial Form 106J-2, <i>Expenses</i>  | for Separate House                           | ehold of Deb                  | tor 2.                                     |  |
| 2. <b>D</b> | o you have dependents?  | P ■ No         |   |  |                               |  |  |
| D           | o not list Debtor 1 and ebtor 2.  | ☐ Yes.         | Fill out this information for each dependent                                | Dependent's relati                           |                               | Dependent's age                            | Does dependent live with you?              |
|             |   |                | odon dopondoni  |  |                               | ugo  | □ No                                       |
|             | o not state the ependents names.  |                |   |  |                               |  | ☐ Yes                                      |
|             |   |                |   |  |                               |  | □No  |
|             |   |                |   |  |                               |  | Yes  |
|             |   |                |   |  |                               |  | □ No                                       |
|             |   |                |   |  |                               |  | □ Yes<br>□ No                              |
|             |   |                |   |  |                               |  | ☐ Yes                                      |
|             | o your expenses include   |                | No  |  |                               |  | <b>□</b> 163                               |
|             | xpenses of people other<br>ourself and your depend                                | than _         | Yes   |  |                               |  |  |
|             | <u> </u>  |                |   |  |                               |  |  |
| expen       | ate your expenses as of   | your bankr     | ly Expenses<br>uptcy filing date unless y<br>ly is filed. If this is a supp |  |                               |  |  |
| the va      |   |                | government assistance it  |  |                               | Your exp                                   | enses                                      |
| (Onici      | arromi roon,  |                |   |  |                               |  |  |
|             | he rental or home owner<br>ayments and any rent for t                             |                | nses for your residence. In<br>or lot.                                      | nclude first mortgage                        | e<br>4. \$                    |  | 787.00                                     |
| If          | not included in line 4:   |                |   |  |                               |  |  |
| 4:          | a. Real estate taxes  |                |   |  | 4a. \$                        | i  | 0.00                                       |
| 41          |   |                |   |  | 4b. \$                        |  | 0.00                                       |
| 40          | ,   |                |   |  | 4c. \$                        |  | 0.00                                       |
| 40<br>5 Δ   |   |                | dominium dues<br><b>our residence</b> , such as ho                          | me equity loans                              | 4d. \$<br>5. \$               |  | 0.00                                       |

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| Deb         | otor 1  | Lois J SI    | harp  | Case                                 | num           | ber (if known)  |                                |
|-------------|---------|--------------|---|--------------------------------------|---------------|-----------------|--------------------------------|
| 6.          | Utiliti | ies:         |   |                                      |               |                 |                                |
| -           | 6a.     | Electricity, | heat, natural gas   |                                      | 6a.           | \$              | 154.00                         |
|             | 6b.     | Water, sev   | wer, garbage collection   |                                      | 6b.           | \$              | 80.00                          |
|             | 6c.     |              | e, cell phone, Internet, satellite, and cable s   | ervices                              | 6c.           | \$              | 100.00                         |
|             | 6d.     | Other. Spe   | ecify:  |                                      | 6d.           | \$              | 0.00                           |
| 7.          | Food    |              | ekeeping supplies   |                                      | 7.            | ·               | 306.34                         |
| 8.          |         |              | hildren's education costs   |                                      | 8.            | \$              | 0.00                           |
| 9.          |         |              | ry, and dry cleaning  |                                      | 9.            | \$              | 50.00                          |
| 10.         |         | •            | products and services   |                                      | 10.           | \$              | 40.00                          |
|             |         | -            | ntal expenses   |                                      | 11.           | · <u> </u>      | 0.00                           |
|             |         |              | Include gas, maintenance, bus or train far  | €.                                   |               |                 |                                |
|             |         |              | ar payments.  |                                      | 12.           | \$              | 200.00                         |
| 13.         | Enter   | rtainment,   | clubs, recreation, newspapers, magazin  | es, and books                        | 13.           | \$              | 0.00                           |
| 14.         | Chari   | itable cont  | ributions and religious donations   |                                      | 14.           | \$              | 0.00                           |
| 15.         | Insur   | rance.       |   |                                      |               |                 |                                |
|             |         |              | surance deducted from your pay or include   |                                      |               |                 |                                |
|             |         | Life insura  |   |                                      | 15a.          | *               | 0.00                           |
|             | 15b.    | Health ins   | urance  |                                      | 15b.          | \$              | 0.00                           |
|             | 15c.    | Vehicle in:  | surance   |                                      | 15c.          | \$              | 80.00                          |
|             | 15d.    | Other insu   | rance. Specify:   |                                      | 15d.          | \$              | 0.00                           |
| 16.         |         |              | clude taxes deducted from your pay or incl  | uded in lines 4 or 20.               |               |                 |                                |
|             | Speci   | ,            |   |                                      | 16.           | \$              | 0.00                           |
| 17.         |         |              | ease payments:  |                                      |               | •               |                                |
|             |         |              | ents for Vehicle 1  |                                      | 17a.          | ·               | 0.00                           |
|             |         |              | ents for Vehicle 2  |                                      | 17b.          | ·               | 0.00                           |
|             |         | Other. Spe   | -   |                                      | 17c.          | ·               | 0.00                           |
|             |         | Other. Spe   | ·   |                                      | 17d.          | \$              | 0.00                           |
| 18.         |         |              | of alimony, maintenance, and support t  |                                      | 10            | <b>c</b>        | 0.00                           |
| 10          |         |              | your pay on line 5, Schedule I, Your Inco   |                                      | 18.           | Φ               |                                |
| 19.         |         |              | s you make to support others who do no  | it live with you.                    | 40            | Ф               | 0.00                           |
| 20          | Speci   | ·            | entry evenences not included in lines 4 or  | E of this form or on Cohodula        | 19.           | Income          |                                |
| 20.         |         |              | erty expenses not included in lines 4 or son other property                                 |                                      | 1. 70<br>20a. |                 | 0.00                           |
|             |         | Real estat   |   |                                      | 20b.          | ·               | 0.00                           |
|             |         |              |   |                                      | 20b.<br>20c.  | ·               |                                |
|             |         |              | nomeowner's, or renter's insurance  |                                      | 20d.<br>20d.  |                 | 0.00                           |
|             |         |              | ce, repair, and upkeep expenses er's association or condominium dues                        |                                      |               | ·               | 0.00                           |
|             |         |              | er's association of condominium dues  | •                                    | 20e.          | ·               | 0.00                           |
| 21.         | Othe    | r: Specify:  |   |                                      | 21.           | +\$             | 0.00                           |
| 22.         | Calcu   | ulate your i | monthly expenses  |                                      |               |                 |                                |
|             |         |              | through 21.   |                                      |               | \$              | 1,797.34                       |
|             |         |              | 2 (monthly expenses for Debtor 2), if any, f  | rom Official Form 106J-2             |               | \$              |                                |
|             |         |              | a and 22b. The result is your monthly expe  |                                      |               | \$              | 1,797.34                       |
|             | 220.7   | Add IIIIC ZZ | a and 22b. The result is your monthly expe  | 1303.                                |               | Ψ               | 1,797.34                       |
| 23.         | Calcu   | ulate your i | monthly net income.   |                                      |               |                 |                                |
|             | 23a.    | Copy line    | 12 (your combined monthly income) from S  | schedule I.                          | 23a.          | \$              | 2,051.34                       |
|             | 23b.    | Copy your    | monthly expenses from line 22c above.   | :                                    | 23b.          | -\$             | 1,797.34                       |
|             |         |              |   |                                      |               |                 |                                |
|             | 23c.    |              | our monthly expenses from your monthly it   | ncome.                               | 00            | _               | 254.00                         |
|             |         | The result   | is your monthly net income.   |                                      | 23c.          | \$              | 254.00                         |
| 24          | De ···  | au av===1    |   | o within the year after year Ol-     | . 41-:-       | form?           |                                |
| <b>∠4</b> . |         |              | an increase or decrease in your expense or expect to finish paying for your car loan within |                                      |               |                 | ease or decrease because of a  |
|             |         |              | terms of your mortgage?   | and your or do you expect your morte | yaye          | paymont to more | Jaco de decircado perdade di a |
|             | ■ No    |              | )   |                                      |               |                 |                                |
|             |         |              | Explain hara:   |                                      |               |                 |                                |
|             | ☐ Ye    | t5.          | Explain here:   |                                      |               |                 |                                |

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|                     | mation to identify your                           | case:                    |                            |   |                                     |
|---------------------|---|--------------------------|----------------------------|---|-------------------------------------|
| Debtor 1            | Lois J Sharp First Name                           | Middle Name              | Last Name                  |   |                                     |
| Debtor 2            | i iist ivaine                                     | Wildle Wallie            | Last Name                  |   |                                     |
| (Spouse if, filing) | First Name  | Middle Name              | Last Name                  |   |                                     |
| United States Ba    | ankruptcy Court for the:                          | NORTHERN DISTRICT        | OF ILLINOIS                |   |                                     |
| Case number         |   |                          |                            |   |                                     |
| (if known)          |   |                          |                            | _   | neck if this is an<br>nended filing |
| Official Forr       |   |                          | Dalataria Oa               | la a de da a  |                                     |
| Declarat            | tion About a                                      | ın Individual            | Deptor's Sc                | nedules   | 12/15                               |
| •                   | 8 U.S.C. §§ 152, 1341, 1<br>n Below               | 319, and 3371.           |                            |   |                                     |
| Did you pa          | y or agree to pay some                            | one who is NOT an attor  | ney to help you fill out b | ankruptcy forms?                                      |                                     |
| ■ No                |   |                          |                            |   |                                     |
| ☐ Yes. I            | Name of person                                    |                          |                            | Attach Bankruptcy Petitic<br>Declaration, and Signatu |                                     |
|                     | alty of perjury, I declare<br>e true and correct. | that I have read the sum | mary and schedules filed   | d with this declaration and                           |                                     |
| X /s/ Loi           | s J Sharp   |                          | X                          |   |                                     |
| Lois J              | •   |                          | Signature of               | Debtor 2  |                                     |
| Date                | November 12, 2017                                 |                          | Date                       |   |                                     |

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| Fill               | in this inform                                    | nation to identify you   | r case:   |   |  |   |  |  |  |  |  |
|--------------------|---|--|---|---|--|---|--|--|--|--|--|
|                    | otor 1  | Lois J Sharp   |   |   |  |   |  |  |  |  |  |
|                    | 7.01  | First Name   | Middle Name   | Last Name   |  |   |  |  |  |  |  |
|                    | otor 2<br>use if, filing)                         | First Name   | Middle Name   | Last Name   |  |   |  |  |  |  |  |
|                    |   | nkruptcy Court for the:  | NORTHERN DISTRICT (   | OF ILLINOIS   |  |   |  |  |  |  |  |
|                    |   |  |   |   |  |   |  |  |  |  |  |
|                    | se number<br>own)                                 |  |   |   | _  | Check if this is an mended filing                     |  |  |  |  |  |
| Sta                |   | of Financial   | Affairs for Individuals   |   | ankruptcy equally responsible for sup                          | 4/10  |  |  |  |  |  |
|                    |   | ore space is needed,<br>a). Answer every que                                   | •   | this form. On the top of an                           | y additional pages, write you                                  | ir name and case                                      |  |  |  |  |  |
| Par                | t 1: Give D                                       | etails About Your Ma   | rital Status and Where You  | ı Lived Before  |  |   |  |  |  |  |  |
| 1.                 | What is your                                      | current marital statu  | ıs?   |   |  |   |  |  |  |  |  |
|                    | <ul><li>□ Married</li><li>■ Not married</li></ul> | ried   |   |   |  |   |  |  |  |  |  |
| 2.                 | During the la                                     | uring the last 3 years, have you lived anywhere other than where you live now? |   |   |  |   |  |  |  |  |  |
|                    | ■ No □ Yes. List                                  | t all of the places you l  | ived in the last 3 years. Do no   | ot include where you live nov                         | <i>.</i>   |   |  |  |  |  |  |
|                    | Debtor 1 Pri                                      | or Address:  | Dates Debtor 1 lived there  | Debtor 2 Prior Ac                                     | dress:   | Dates Debtor 2<br>lived there                         |  |  |  |  |  |
| <b>3.</b><br>state |   |  |   |   | ity property state or territory<br>co, Texas, Washington and W |   |  |  |  |  |  |
|                    | ■ No □ Yes. Ma                                    | ke sure you fill out <i>Scl</i>  | nedule H: Your Codebtors (O   | fficial Form 106H).                                   |  |   |  |  |  |  |  |
| Par                | t 2 Explain                                       | n the Sources of You   | r Income  |   |  |   |  |  |  |  |  |
| 4.                 | Fill in the tota                                  | I amount of income yo  | nployment or from operatin<br>u received from all jobs and a<br>have income that you receiv | all businesses, including part                        |  | ndar years?   |  |  |  |  |  |
|                    | □ No  |  |   |   |  |   |  |  |  |  |  |
|                    | Yes. Fill   | in the details.  |   |   |  |   |  |  |  |  |  |
|                    |   |  | Debtor 1  |   | Debtor 2   |   |  |  |  |  |  |
|                    |   |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                     | Gross income<br>(before deductions<br>and exclusions) |  |  |  |  |  |
|                    |   | of current year until<br>d for bankruptcy:                                     | ■ Wages, commissions, bonuses, tips   | \$15,000.00   | ☐ Wages, commissions, bonuses, tips                            |   |  |  |  |  |  |
|                    |   |  | ☐ Operating a business  |   | ☐ Operating a business   |   |  |  |  |  |  |

Official Form 107

Page 33 of 52 Case number (if known) Debtor 1 Lois J Sharp Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$20,000.00 □ Wages, commissions, Wages, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$20,000.00 ☐ Wages, commissions, Wages, commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

| Debtor 1                   | L | Debtor 2        |   |
|----------------------------|---|-----------------|---|
| Describe below. each (befo |   | Describe below. | Gross income<br>(before deductions<br>and exclusions) |

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

| 6. | Are either | Debtor 1's | or Debtor | 2's debts | primarily | consumer / | debts? |
|----|------------|------------|-----------|-----------|-----------|------------|--------|
|----|------------|------------|-----------|-----------|-----------|------------|--------|

☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

□ No. Go to line 7.

□ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

### Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

attorney for this bankruptcy case.

**Creditor's Name and Address** Amount you Was this payment for ... Dates of payment **Total amount** still owe paid

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|      | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporation of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |  |   |                      |   |                                  |  |  |  |
|------|--|--|---|----------------------|---|----------------------------------|--|--|--|
|      | ■ No □ Yes. List all payments to an insider.   |  |   |                      |   |                                  |  |  |  |
|      | Insider's Name and Address   | Dates of payment   | Total amount paid                         | Amount you still owe | Reason for th   | is payment                       |  |  |  |
|      | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos   |  | ments or transfer a                       | any property on a    | eccount of a deb  | t that benefited ar              |  |  |  |
|      | ■ No □ Yes. List all payments to an insider  |  |   |                      |   |                                  |  |  |  |
|      | Insider's Name and Address   | Dates of payment   | Total amount paid                         | Amount you still owe | Reason for th   |                                  |  |  |  |
| Part | 4: Identify Legal Actions, Repossession  | ns, and Foreclosures   |   |                      |   |                                  |  |  |  |
|      | Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?  List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.   |  |   |                      |   |                                  |  |  |  |
|      | <ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>   |  |   |                      |   |                                  |  |  |  |
|      | Case title Case number   | Nature of the case   | Court or agency                           |                      | Status of the case  |                                  |  |  |  |
|      | HSBC v Debtor<br>Case No. 2012-CH-19931  | Foreclosure  | Circuit Court of Cook<br>County, Illinois |                      | <ul><li>■ Pending</li><li>□ On appeal</li><li>□ Concluded</li></ul> |                                  |  |  |  |
|      | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address  | cy, was any of your prope v.  Describe the Property  | erty repossessed, f                       | oreclosed, garnis    |   | seized, or levied?  Value of the |  |  |  |
|      |  | Explain what happened  |   |                      |   |                                  |  |  |  |
|      | Lighthouse Financial<br>11004 South Cicero Ave.<br>Oak Lawn, IL 60453  | repossession of Dodge Charger  ■ Property was repossessed. □ Property was foreclosed. □ Property was garnished. □ Property was attached, seized or levied. |   |                      | Nov 26, 2012  |                                  |  |  |  |
|      | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec ■ No □ Yes. Fill in the details.  | otcy, did any creditor, incl<br>ause you owed a debt?  | uding a bank or fi                        |                      |   | ounts from your                  |  |  |  |
|      | Creditor Name and Address  | Describe the action the  | creditor took                             | Date                 | action was  | Amoun                            |  |  |  |

| Debt  | tor 1 Lois J Sharp  |                       | Document                    | Page 35 of 52<br>Case nur   | mher (if known)                   |                      |  |  |
|-------|---|-----------------------|-----------------------------|---|-----------------------------------|----------------------|--|--|
| DODE  | LOIS 3 SHAIP  |                       |                             |   | TIDET (II KIIOWII)                |                      |  |  |
|       | Within 1 year before y<br>court-appointed recei   |                       |                             | operty in the possession o  | f an assignee for the ben         | efit of creditors, a |  |  |
| l     | ■ No<br>□ Yes   |                       |                             |   |                                   |                      |  |  |
| Part  | 5: List Certain Gift  | s and Contributions   | 3                           |   |                                   |                      |  |  |
| ļ     | Within 2 years before  No  Yes. Fill in the det   |                       | ptcy, did you give any g    | ifts with a total value of m  | ore than \$600 per person         | ?                    |  |  |
|       | Gifts with a total valu<br>per person   |                       | Describe the git            | its   | Dates you gave the gifts          | Value                |  |  |
|       | Person to Whom You<br>Address:  | Gave the Gift and     |                             |   |                                   |                      |  |  |
| !     | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No   |                       |                             |   |                                   |                      |  |  |
|       | ☐ Yes. Fill in the det Gifts or contributions more than \$600 Charity's Name Address (Number, Street  |                       | Describe what y             | ou contributed  | Dates you contributed             | Value                |  |  |
| Part  |   |                       |                             |   |                                   |                      |  |  |
| [     | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster or gambling?  No  Yes. Fill in the details. |                       |                             |   |                                   |                      |  |  |
|       | Describe the propert  |                       | Describe any insurance      | coverage for the loss   | Date of your                      | Value of property    |  |  |
|       | how the loss occurre  | ed                    | Include the amount that ir  | surance has paid. List pend<br>3 of Schedule A/B: Property              | ling                              | lost                 |  |  |
| Part  | 7: List Certain Pay   | ments or Transfers    |                             |   |                                   |                      |  |  |
| (<br> | consulted about seek  | ing bankruptcy or p   | reparing a bankruptcy p     | else acting on your behalf<br>etition?<br>ing agencies for services red |                                   | erty to anyone you   |  |  |
| I     | Yes. Fill in the det  | ails.                 |                             |   |                                   |                      |  |  |
|       | Person Who Was Pai<br>Address<br>Email or website add<br>Person Who Made th   | ress                  | transferred                 | value of any property   | Date payment or transfer was made | Amount of payment    |  |  |
|       | Attorney Angie Lec<br>4747 W. Lincoln M<br>Matteson, IL 60443   | e, PC<br>all Dr. #410 | \$281 for filing            | fee, \$30 for credit repo<br>ins in attorney fees                       | rt, Nov. 2012                     | \$281.00             |  |  |
| ı     |   | deal with your cred   | itors or to make paymer     | else acting on your behalf<br>its to your creditors?                    | pay or transfer any propε         | erty to anyone who   |  |  |
| 1     | ■ No □ Yes. Fill in the det   | ails.                 |                             |   |                                   |                      |  |  |
|       | Person Who Was Pai<br>Address   |                       | Description and transferred | value of any property   | Date payment or transfer was made | Amount of payment    |  |  |
|       |   |                       |                             |   |                                   |                      |  |  |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property

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|                | transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.   |  |  |   |  |   |  |  |
|----------------|---|--|--|---|--|---|--|--|
|                | ■ No □ Yes. Fill in the details.  |  |  |   |  |   |  |  |
|                | Person Who Received Transfer Address  | Description and v  | ription and value of<br>erty transferred |   | ribe any property or<br>nents received or debts<br>in exchange | Date transfer was made                        |  |  |
|                | Person's relationship to you  |  |  | paiu  | in exchange  |   |  |  |
| 19.            | Within 10 years before you filed for bankruptc beneficiary? (These are often called asset-protein No Yes. Fill in the details.  |  | y property to a                          | self-settl  | ed trust or similar device                                     | of which you are a                            |  |  |
|                | Name of trust   | Description and value of the property transferred                                    |  |   |  | Date Transfer was                             |  |  |
| <b>Par</b> 20. | List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  nclude checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage nouses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes. Fill in the details. |  |  |   |  |   |  |  |
|                |   | ast 4 digits of ccount number  | Type of accou<br>instrument              | e of account or rument Date acclosed, moved, transfer |  | Last balance<br>before closing or<br>transfer |  |  |
| 21.            | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?  |  |  |   |  |   |  |  |
|                | ■ No  |  |  |   |  |   |  |  |
|                | Yes. Fill in the details.   |  |  |   |  |   |  |  |
|                | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, S<br>State and ZIP Code)                        | er, Street, City,                        |   | the contents   | Do you still have it?                         |  |  |
| 22.            | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?   |  |  |   |  |   |  |  |
|                | ■ No □ Yes. Fill in the details.  |  |  |   |  |   |  |  |
|                | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) |  | Describe  | the contents   | Do you still have it?                         |  |  |
| Par            | t 9: Identify Property You Hold or Control fo   | r Someone Else   |  |   |  |   |  |  |
| 23.            | Do you hold or control any property that some for someone.  | eone else owns? Inclu  | ude any propert                          | y you bo  | rrowed from, are storing f                                     | or, or hold in trust                          |  |  |
|                | ■ No  |  |  |   |  |   |  |  |
|                | Yes. Fill in the details.   |  |  |   |  |   |  |  |
|                | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the prop<br>(Number, Street, City, S<br>Code)                               | erty?<br>State and ZIP                   | Describe  | e the property   | Value   |  |  |
| Par            | t 10: Give Details About Environmental Inform   | mation   |  |   |  |   |  |  |

rt 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

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|      | regulations controlling the cleanup of these substances, wastes, or material.  |   |              |  |                    |  |  |  |  |  |
|------|--|---|--------------|--|--------------------|--|--|--|--|--|
|      | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. |   |              |  |                    |  |  |  |  |  |
|      | Hazardous material means anything an env   | vironmental law defines as a hazardous                                  | waste, haz   | zardous substance, toxic   | substance,         |  |  |  |  |  |
|      | hazardous material, pollutant, contaminant   | t, or similar term.   |              |  |                    |  |  |  |  |  |
| Rep  | ort all notices, releases, and proceedings th  | nat you know about, regardless of wher                                  | they occu    | rred.  |                    |  |  |  |  |  |
| 24.  | l. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  |   |              |  |                    |  |  |  |  |  |
| ■ No |  |   |              |  |                    |  |  |  |  |  |
|      | Yes. Fill in the details.  |   |              |  |                    |  |  |  |  |  |
|      | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State and ZIP Code)    |              | onmental law, if you<br>it   | Date of notice     |  |  |  |  |  |
| 25.  | Have you notified any governmental unit of   | f any release of hazardous material?                                    |              |  |                    |  |  |  |  |  |
|      | ■ No   |   |              |  |                    |  |  |  |  |  |
|      | ☐ Yes. Fill in the details.  |   |              |  |                    |  |  |  |  |  |
|      | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State and ZIP Code)    |              | onmental law, if you<br>it   | Date of notice     |  |  |  |  |  |
| 26.  | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.  |   |              |  |                    |  |  |  |  |  |
|      | No   |   |              |  |                    |  |  |  |  |  |
|      | ☐ Yes. Fill in the details.  |   |              |  |                    |  |  |  |  |  |
|      | Case Title Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of    | the case   | Status of the case |  |  |  |  |  |
| Pai  | t 11: Give Details About Your Business or  | Connections to Any Business   |              |  |                    |  |  |  |  |  |
| 27.  | Within 4 years before you filed for bankrup  | tcy, did you own a business or have an                                  | y of the fol | lowing connections to an   | y business?        |  |  |  |  |  |
|      | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  |   |              |  |                    |  |  |  |  |  |
|      | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)   |   |              |  |                    |  |  |  |  |  |
|      | □ A partner in a partnership   |   |              |  |                    |  |  |  |  |  |
|      | ☐ An officer, director, or managing executive of a corporation   |   |              |  |                    |  |  |  |  |  |
|      | ☐ An owner of at least 5% of the voting or equity securities of a corporation  |   |              |  |                    |  |  |  |  |  |
|      |  |   |              |  |                    |  |  |  |  |  |
|      | — No. Notic of the above applies. Go to fait 12.   |   |              |  |                    |  |  |  |  |  |
|      | Yes. Check all that apply above and fill in the details below for each business.   |   |              |  |                    |  |  |  |  |  |
|      | Business Name<br>Address   | Describe the nature of the business                                     |              | Employer Identification number<br>Do not include Social Security number or ITIN. |                    |  |  |  |  |  |
|      | (Number, Street, City, State and ZIP Code)   | Name of accountant or bookkeeper  | Dates        | s business existed   |                    |  |  |  |  |  |
| 28.  | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.                   |   |              |  |                    |  |  |  |  |  |
|      | No   |   |              |  |                    |  |  |  |  |  |
|      | Yes. Fill in the details below.  |   |              |  |                    |  |  |  |  |  |
|      | Name   | Date Issued   |              |  |                    |  |  |  |  |  |

Part 12: Sign Below

**Address** 

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection

Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107

(Number, Street, City, State and ZIP Code)

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Debtor 1 Lois J Sharp

| /s/ Lois J Sharp |  |  |   |  |  |  |  |
|------------------|--|--|---|--|--|--|--|
|                  | J Sharp<br>ature of Debtor 1           | Signature of Debtor 2  |   |  |  |  |  |
| Date             | November 12, 2017                      | Date   |   |  |  |  |  |
| Did yo           | ou attach additional pages to Your Sta | tement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? | > |  |  |  |  |
| ■ No             |  |  |   |  |  |  |  |
| ☐ Yes            | S                                      |  |   |  |  |  |  |
|                  |  |  |   |  |  |  |  |
| Did yo           | ou pay or agree to pay someone who i   | s not an attorney to help you fill out bankruptcy forms?                               |   |  |  |  |  |
| Did yo<br>■ No   | .,                                     | s not an attorney to help you fill out bankruptcy forms?                               |   |  |  |  |  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: |        | Liquidation        |  |
|------------|--------|--------------------|--|
|            | \$245  | filing fee         |  |
|            | \$75   | administrative fee |  |
| <u>+</u>   | - \$15 | trustee surcharge  |  |
|            | \$335  | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

#### (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
  - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
  - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

    preparation of the petition, attending the 341 Meeting and getting Plan confirmed
  - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
  - (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$2,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$90.00 toward the flat fee, leaving a balance due of \$1,910.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00.

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: November 12, 2017                 | -                          |  |
|---|----------------------------|--|
| Signed:                                 |                            |  |
| /s/ Lois J Sharp                        | /s/ Angie S. Lee           |  |
| Lois J Sharp                            | Angie S. Lee 6282075       |  |
|   | Attorney for the Debtor(s) |  |
| Debtor(s)                               |                            |  |
| Do not sign this agreement if the amour | nts are blank.             |  |

**Local Bankruptcy Form 23c** 

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B2030 (Form 2030) (12/15)

#### United States Bankruptcy Court Northern District of Illinois

| In re | Lois J Sharp  |                                     |   |   |                                    |   |   |                       | Case No.                               |                  |                |                              |
|-------|---|-------------------------------------|---|---|------------------------------------|---|---|-----------------------|--|------------------|----------------|------------------------------|
|       |   |                                     |   |   |                                    |   | Debtor(s)   |                       | Chapter                                | 13               | 3              |                              |
|       | DIS   | SCL                                 | OSU.  | RE OF   | COMP                               | ENSAT   | ION OF A  | ATTORNE               | Y FOR D                                | ЕВТ              | OR(S)          |                              |
|       | Pursuant to 11 U .S. compensation paid t be rendered on beha  | o me                                | within  | one year l                                    | before the fi                      | ling of the   | petition in bar   | nkruptcy, or ag       | reed to be paid                        | l to me          | e, for service | d that<br>ces rendered or to |
|       | For legal service   |                                     | _   |   |                                    |   |   |                       | \$                                     | :                | 2,000.00       |                              |
|       | Prior to the filin  | ng of                               | this sta  | tement I l                                    | have receive                       | ed  |   |                       | \$                                     |                  | 90.00          |                              |
|       | Balance Due   |                                     |   |   |                                    |   |   |                       | \$                                     |                  | 1,910.00       |                              |
| 2.    | The source of the co  | mpen                                | sation  | paid to m                                     | e was:                             |   |   |                       |  |                  |                |                              |
|       | Debtor  |                                     | Othe  | r (specify                                    | ·):                                |   |   |                       |  |                  |                |                              |
| 3.    | The source of comp  | ensati                              | on to b   | e paid to                                     | me is:                             |   |   |                       |  |                  |                |                              |
|       | Debtor  |                                     | Othe  | r (specify                                    | y):                                |   |   |                       |  |                  |                |                              |
| 4.    | ■ I have not agree  | d to s                              | hare th   | e above-d                                     | lisclosed cor                      | npensation  | with any othe   | er person unless      | they are men                           | ibers a          | and associa    | ntes of my law firm.         |
|       | ☐ I have agreed to copy of the agre   |                                     |   |   |                                    |   |   |                       |  |                  |                | my law firm. A               |
| 5.    | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: |                                     |   |   |                                    |   |   |                       |  |                  |                |                              |
|       | reaffirma   | filing f the o s as no ons v tion a | of any<br>debtor<br>eeded]<br>with se<br>agreer | petition, sat the mee<br>ecured c<br>nents ar | schedules, setting of creditors to | tatement of<br>litors and c<br>reduce t<br>tions as r | f affairs and ploonfirmation he<br>to market vaneeded; prep | an which may          | be required; adjourned hea on planning | arings<br>; prep | thereof;       | and filing of                |
| 6.    | By agreement with t   |                                     |   |   |                                    |   |   | following servi       |  | y pro            | ceeding.       |                              |
|       |   |                                     |   |   |                                    | CER   | TIFICATION  | 1                     |  |                  |                |                              |
|       | I certify that the fore<br>pankruptcy proceeding  |                                     | g is a co                                       | omplete st                                    | tatement of                        | any agreen  | nent or arrange   | ement for paym        | ent to me for                          | represe          | entation of    | the debtor(s) in             |
| N     | lovember 12, 201  | 7                                   |   |   |                                    |   | /s/ Angie   |                       |  |                  |                |                              |
| Ī     | Oate  |                                     |   |   |                                    |   | Signature o   | Angie Lee, Pe<br>Road | c                                      |                  |                |                              |

Homewood, IL 60430

angielesq@yahoo.com

Name of law firm

708-845-7958 Fax: 708-221-6174

#### United States Bankruptcy Court Northern District of Illinois

| In re | Lois J Sharp                                 |   | Case No.       |                           |  |  |  |  |  |  |
|-------|--|---|----------------|---------------------------|--|--|--|--|--|--|
|       |  | Debtor(s)   | Chapter        | _13                       |  |  |  |  |  |  |
|       | VERIFICATION OF CREDITOR MATRIX              |   |                |                           |  |  |  |  |  |  |
|       |  | Number of C                                       | reditors:      | 12                        |  |  |  |  |  |  |
|       | The above-named Debtor(s) h (our) knowledge. | nereby verifies that the list of creditor         | rs is true and | correct to the best of my |  |  |  |  |  |  |
| Date: | November 12, 2017                            | /s/ Lois J Sharp Lois J Sharp Signature of Debtor |                |                           |  |  |  |  |  |  |

BURKE COSTANZA & CARBERRY 225 W Washington Suite 2200 Chicago, IL 60606

Cap One 26525 N Riverwoods Blvd Mettawa, IL 60045

Capital Management Services LP 698 1/2 South Ogden Street Buffalo, NY 14206-2317

City Ntl Bk/Ocwen Loan Service Attn: Bankruptcy P.O. Box 24738 West Palm Beach, FL 33416

Fingerhut 6250 Ridgewood Road Saint Cloud, MN 56303

First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107

Ic Systems Inc Po Box 64378 St. Paul, MN 55164

IRS Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346

Lighthouse Financial 11004 South Cicero Ave. Oak Lawn, IL 60453

Merrick Bk Attn: Bankruptcy P.O. Box 9201 Old Bethpage, NY 11804

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Municollofam 3348 Ridge Road Lansing, IL 60438

US Bank 800 Nicollet Mall Attn Collections/Bankruptcy Minneapolis, MN 55402